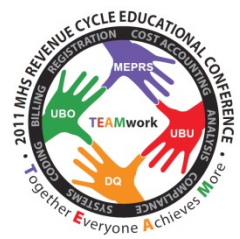


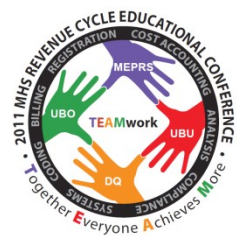
Title: **How to Manage MSA Insurance Claim Denials**

Session: **W-3-1000**



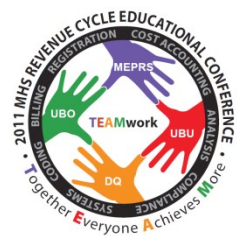
Overview

- Introduction
- Other Health Insurance
 - Inpatient
 - Outpatient
- Medicare
- Medicaid
- VA
- Helpful Hints/Rules
- Summary



Introduction

- Every program in MSA has its own set of rules.
- Understand your MTF's contracts/MOUs/agreements and how MSA billing should be handled.
- Explanation of Benefits or Remittance Advice provides an explanation as to the reason for the denial.
- Remember denials vary, these are just the basics.



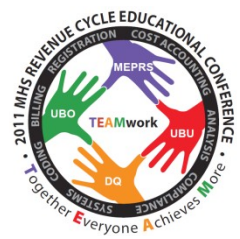
Other Health Insurance - Inpatient

- Why did the claim deny?
- Inpatient visits almost always require, at a minimum, notification of admission.
- Determine if additional information or notification/authorization is required or if coding is an issue, and work with appropriate department to follow up.
- Do not automatically write off for non-payment.
- Working denials will require some leg work.
- Call the insurance company if you don't understand!



Other Health Insurance - Outpatient

- Similar to Inpatient – Determine the reason for denial.
- Don't be afraid to call the insurance company if you have questions.
- Apples vs. oranges in billing
- Some of the things that are most common:
 - Insurance company error
 - Not a covered benefit – make sure!
 - Various pharmacy exclusions/benefits
 - Authorization requirements – usually ER situations don't require authorization



Medicare

- Must have a facility/provider ID with Medicare to bill – most MTFs do not have this.
- You must call Medicare for your region to troubleshoot denials.
- Billing Inpatient services is very specific.
- Understand Medicare cross-overs.
- If you can't get paid by Medicare or the patient's secondary – bill the patient.
- Don't wait more than 90 days to bill the patient.



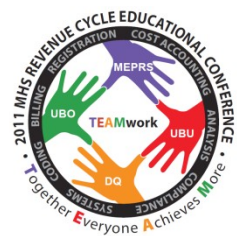
Medicaid

- Requirements for MFT/Provider Enrollment/Contracting is specific from state to state.
- It's not uncommon for Medicaid patients to think that they are not liable for their medical bill.
- If you are able to bill Medicaid, you must call Medicaid to troubleshoot denials.
- Billing services to Medicaid is very specific.
- All other health insurance is primary to Medicaid.
- Don't wait more than 90 days to bill the patient.



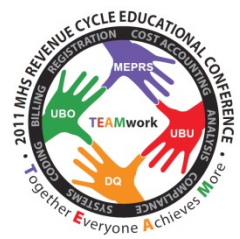
Veterans Affairs

- Veterans Affairs (not VA/DoD Sharing)
 - Call local VA for denials.
 - Very difficult to obtain payment for services.



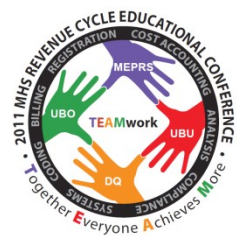
Helpful Hints

- When calling an Insurance Company (OHI):
 - Telephone service representatives receive minimum training and don't process or adjust claims.
 - Claims are usually broken down into tiers (level of complexity).
 - Each carrier has their own set of rules and deals with inquiries and appeals differently.
- Your coding department and medical records can be your best friend when trying to meet the demands of claims denials. Use them.
- Working insurance denials is hands-on training!
- Not working every claim = Lost Revenue



Rules

- Inpatient claims require fast billing and even faster follow-up without risking loss of revenue.
- Stay on top of your follow-up; do not let your claims age.
- The older a claim becomes, the harder it is to collect on, whether it be by the insurance company or the patient.
- Follow MSA Patient Collection guidelines when a bill becomes patient responsibility.
- For the most effective day-to-day work schedule, work your denials the day you receive them.
- #1 Problem in medical billing today is working outstanding A/R and denial follow up – don't let it get away from you!



Summary

- MSA denials management is not precise.
- Medicare, Medicaid, and VA are handled differently by each MTF, based on region and location.
- Always research your denial, ensure that it's correct.

Questions

